## PART B - FEE(S) TRANSMITTAL

AUSTA	000 83	her with applicable	or <u>Fax</u>	P.O. Box 1450 Alexandria, Virgi (571)-273-2885	nia 22313-1		
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SUITE 2100	11 08540			Kim Campbe	11-	- 1	(Depositor's name)
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	.00 DA			August /L	2009		(Datc)
FC: 1504 300.00 DA FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	<u> </u>	\$0	E FEE TOTA	\$1810	09/15/2009
nonprovisional	NO	\$1510	\$300	<del></del>	4	\$10.0	03/13/2007
EXAMINER ART UNIT  BAFK BONG-SOOK 1614			514-317000				
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address' Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Ranbaxy L	less an assignee is iden th in 37 CFR 3.11. Com GNEE aboratories L	imited	data will appear on of a substitute for filir (B) RESIDENCE: ( Gurgaon,	the patent. If an assign g an assignment. CITY and STATE OR India	COUNTRY)		ocument has been filed for
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4a. The following fec(s)  lessue Fee  Publication Fee (1)  Advance Order -	No small entity discount	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is bereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0012 (enclose an extra copy of this form)					
	ns SMALL ENTITY star	nis. See 37 CFR 1.27.	b. Applicant is n	o longer claiming SMA	LL ENTITY SI	atus. See 37 C	FR 1.27(g)(2).
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